Performance Outcomes Data System (PODS)

Data Dictionary

for the

Adult Survey

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For more information visit the DMH Performance Outcomes and Quality Improvement (POQI) Web Page at:

http://www.dmh.ca.gov/poqi/

Adult Survey

ADULT. txt

Field Name	Type	Column Position		Width	Description	Format/Coding
		Start	**End**			
ADMINISTRATIVE DATA						
COUNTYID	text	1	2	2	County identifier (i.e., county code) *county/city submitting record*	01 - 66 See Appendix A for codes. Prefilled on DMH TELE*form* forms
CCN	text	3	11	9	County client number *(CSI equivalent)*	9 character field Right justify, use left leading zeros See Appendix B for examples
FORMTYPE	text	12	12	1	Age specific form	A = Adult Prefilled on DMH TELE*form* forms
FORMLANG	text	13	14	2	Language of instrument	See Appendix C for codes. Prefilled on DMH TELE*form* forms
REASON	text	15	15	1	If the instrument is not completed, the PRIMARY reason must be indicated.	1 = Refused (consumer refused to complete) 2 = Impairment (e.g., cognitive) 3 = Language (i.e., form not available in consumer's preferred language) 4 = Other
SRVYDATE	text	16	23	8	Date of survey administration **NOTE: This field is returned to counties in the format: *yyyymmdd***	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples.
*COUNTY1	text	24	25	2	County Question #1	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.
*COUNTY2	text	26	27	2	County Question #2	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.
*COUNTY3	text	28	29	2	County Question #3	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.

Field Name	Type	Column Position	Width	Description	Format/Coding
				CONSUMER PERCEPTION SURVEYS	
MHSIP Consumer Survey Questions					
LIKESVCS	numeric	30	30	1	MHS_01. I like the services that I received here.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CHOICES	numeric	31	31	1	MHS_02. If I had other choices, I would still get services from this agency.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
RECOMEND	numeric	32	32	1	MHS_03. I would recommend this agency to a friend or family member.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
LOCATION	numeric	33	33	1	MHS_04. The location of services was convenient (parking, public transportation, distance, etc.).	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
STAFWILL	numeric	34	34	1	MHS_05. Staff were willing to see me as often as I felt it was necessary.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Note: The "Column Position" header spans two numeric columns in each row (e.g., 30 and 30; 31 and 31; etc.).

Field Name	Type	Column Position	Width	Description	Format/Coding
RETCALL	numeric	35	35	1	MHS_06. Staff returned my calls within 24 hours.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
TIMEGOOD	numeric	36	36	1	MHS_07. Services were available at times that were good for me.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
GETALL	numeric	37	37	1	MHS_08. I was able to get all the services I thought I needed.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
SEEDOC	numeric	38	38	1	MHS_09. I was able to see a psychiatrist when I wanted to.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
RECOVER	numeric	39	39	1	MHS_10. Staff here believe that I can grow, change, and recover.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
COMFQEST	numeric	40	40	1	MHS_11. I felt comfortable asking questions about my treatment and medication.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
COMPLAIN	numeric	41	41	1	MHS_12. I felt free to complain.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
RIGHTS	numeric	42	42	1	MHS_13. I was given information about my rights.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
TAKERESP	numeric	43	43	1	MHS_14. Staff encouraged me to take responsibility for how I live my life.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
SIDEFFCT	numeric	44	44	1	MHS_15. Staff told me what side effects to watch out for.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
RESPECT	numeric	45	45	1	MHS_16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
GOALS	numeric	46	46	1	MHS_17. I, not staff, decided my treatment goals.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position		Width	Description	Format/Coding
CULTURE	numeric	47	47	1	MHS_18. Staff were sensitive to my cultural background (race, religion, language, etc.)	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
MEMANAGE	numeric	48	48	1	MHS_19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
SELFHELP	numeric	49	49	1	MHS_20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
DAILYPRB	numeric	50	50	1	MHS_21. As a direct result of the services I received, I deal more effectively with daily problems.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CONTROL	numeric	51	51	1	MHS_22. As a direct result of the services I received, I am better able to control my life.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CRISIS	numeric	52	52	1	MHS_23. As a direct result of the services I received, I am better able to deal with crisis.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position		Width	Description	Format/Coding
BETTRFAM	numeric	53	53	1	MHS_24. As a direct result of the services I received, I am getting along better with my family.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
BETTRSOC	numeric	54	54	1	MHS_25. As a direct result of the services I received, I do better in social situations.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
BETTRSCH	numeric	55	55	1	MHS_26. As a direct result of the services I received, I do better in school and/or work.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
HOUSING	numeric	56	56	1	MHS_27. As a direct result of the services I received, my housing situation has improved.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
SYMPTOMS	numeric	57	57	1	MHS_28. As a direct result of the services I received, my symptoms are not bothering me as much.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
*Comments	*	*	*	*	MHS_29 - Comments	* This item is not reported to DMH and is for county use only

Field Name	Type	Column Position	Width	Description	Format/Coding
Quality of Life Questions					
LIFESAT	numeric	58	58	1	QOL_1. How do you feel about your life in general?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
LIVARANG	numeric	59	59	1	QOL_2A. How do you feel about the living arrangements where you live?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
PRIVACY	numeric	60	60	1	QOL_2B. How do you feel about the privacy you have there?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
STAYLONG	numeric	61	61	1	QOL_2C. How do you feel about the prospect of staying on where you currently live for a long period of time?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
SPARETIM	numeric	62	62	1	QOL_3A. How do you feel about the way you spend your spare time?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing

Field Name	Type	Column Position		Width	Description	Format/Coding
ENJOY	numeric	63	63	1	QOL_3B. How do you feel about the chance you have to enjoy pleasant or beautiful things?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
FUN	numeric	64	64	1	QOL_3C. How do you feel about the amount of fun you have?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
RELAX	numeric	65	65	1	QOL_3D. How do you feel about the amount of relaxation in your life?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
SEEFAMLY	numeric	66	66	1	QOL_4. In general, how often do you get together with a member of your family?	1 = Not at all 2 = Less than once a month 3 = At least once a month 4 = At least once a week 5 = At least once a day 8 = No family / Not applicable 9 = Missing
FAMACT	numeric	67	67	1	QOL_5A. How do you feel about the way you and your family act toward each other?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 8 = No family / Not applicable 9 = Missing

Field Name	Type	Column Position		Width	Description	Format/Coding
FAMGEN	numeric	68	68	1	QOL_5B. How do you feel about the way things are in general between you and your family?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 8 = No family / Not applicable 9 = Missing
VISIT	numeric	69	69	1	QOL_6A. About how often do you visit with someone who does not live with you?	1 = Not at all 2 = Less than once a month 3 = At least once a month 4 = At least once a week 5 = At least once a day 8 = Not applicable 9 = Missing
TIMEFRND	numeric	70	70	1	QOL_6B. About how often do you spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?	1 = Not at all 2 = Less than once a month 3 = At least once a month 4 = At least once a week 5 = At least once a day 8 = Not Applicable 9 = Missing
DOPEOPLE	numeric	71	71	1	QOL_7A. How do you feel about the things you do with other people?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 8 = Not Applicable 9 = Missing
TIMEPEOP	numeric	72	72	1	QOL_7B. How do you feel about the amount of time you spend with other people?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
SEEPEOP	numeric	73	73	1	QOL_ 7C. How do you feel about the people you see socially?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 8 = Not Applicable 9 = Missing
AMTFREND	numeric	74	74	1	QOL_7D. How do you feel about the amount of friendship in your life?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 8 = Not Applicable 9 = Missing
MNYFOOD	numeric	75	75	1	QOL_8A. During the past month, did you generally have enough money to cover food?	0 = No 1 = Yes 9 = Missing
MNYCLOTH	numeric	76	76	1	QOL_8B. During the past month, did you generally have enough money to cover clothing?	0 = No 1 = Yes 9 = Missing
MNYHOUSE	numeric	77	77	1	QOL_8C. During the past month, did you generally have enough money to cover housing?	0 = No 1 = Yes 9 = Missing
MNYTRAVL	numeric	78	78	1	QOL_8D. During the past month, did you generally have enough money to cover traveling around for things like shopping, medical appointments, or visiting friends and relatives?	0 = No 1 = Yes 9 = Missing
MNYSOCAL	numeric	79	79	1	QOL_8E. During the past month, did you generally have enough money for social activities like movies or eating in restaurants?	0 = No 1 = Yes 9 = Missing
VICVIOL	numeric	80	80	1	QOL_9A. In the past month, were you the victim of any violent crimes such as assault, rape, mugging or robbery?	0 = No 1 = Yes 9 = Missing

Field Name	Type	Column Position		Width	Description	Format/Coding
VICPROP	numeric	81	81	1	QOL_9B. In the past month, were you the victim of any non-violent crimes such as burglary, theft of your property or money, or being cheated?	0 = No 1 = Yes 9 = Missing
ARREST	numeric	82	82	1	QOL_10. In the past month, how many times have you been arrested for any crimes?	0 = No arrests 1 = 1 arrest 2 = 2 arrests 3 = 3 arrests 4 = 4 or more arrests 9 = Missing
SAFESTRT	numeric	83	83	1	QOL_11A. How do you feel about how safe you are on the streets in your neighborhood?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
SAFELIVE	numeric	84	84	1	QOL_11B. How do you feel about how safe you are where you live?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
ROBBED	numeric	85	85	1	QOL_11C. How do you feel about the protection you have against being robbed or attacked?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
FEELHLTH	numeric	86	86	1	QOL_12A. How do you feel about your health in general?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing

Field Name	Type	Column Position		Width	Description	Format/Coding
FEELPHYS	numeric	87	87	1	QOL_12B. How do you feel about your physical condition?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
FEELEMOT	numeric	88	88	1	QOL_12C. How do you feel about your emotional well-being?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
CONSUMER BACKGROUND						
HOWLONG	text	89	89	1	How long have you received services here?	1 = This is my first visit here 2 = > 1 visit, but < one month 3 = 1 to 2 months 4 = 3 to 5 months 5 = 6 months to 1 year 6 = More than 1 year 9 = Missing
GENDER	text	90	90	1	What is your gender?	F = Female M = Male O = Other 9 = Unknown / Missing
HISPANIC	text	91	91	1	Are you of Mexican / Hispanic / Latino origin?	0 = No 1 = Yes 9 = Unknown / Missing
WHITE	text	92	92	1	Is your race White / Caucasian?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
BLACK	text	93	93	1	Is your race Black / African American?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
ASIAN	text	94	94	1	Is your race Asian?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
AMERIND	text	95	95	1	Is your race American Indian / Alaskan Native?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
PACISLND	text	96	96	1	Is your race Native Hawaiian / Other Pacific Islander?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)

Field Name	Type	Column Position		Width	Description	Format/Coding
OTHERACE	text	97	97	1	Is your race Other?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
UNKRACE	text	98	98	1	Is your race Unknown?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
DOB	text	99	106	8	What is your date of birth? **NOTE: This field is returned to counties in the format: *yyyymmdd***	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples.
LANGPREF	text	107	107	1	Were the services you received provided in the language you prefer?	0 = No 1 = Yes 9 = Missing
WRITTEN	text	108	108	1	Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?	0 = No 1 = Yes 9 = Missing
INVOLVED	text	109	109	1	What was the primary reason you became involved with this program?	1 = I decided to come in on my own 2 = Someone else recommended that I come in. 3 = I came in against my will. 9 = Missing
NOHELP	text	110	110	1	I did not need any help.	0 = I did need help (bubble not filled in) 1 = I did *not* need any help (bubble filled in)
VOLUNTER	text	111	111	1	A mental health advocate / volunteer helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
OTHCONSM	text	112	112	1	Another mental health consumer helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
FAMEMHLP	text	113	113	1	A member of my family helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
PROFINT	text	114	114	1	A professional interviewer helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
CLINICIN	text	115	115	1	My clinician / case manager helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
STAFFMEM	text	116	116	1	A staff member other than my clinician or case manager helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
OTHELP	text	117	117	1	Someone else helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
* WHO	*	*	*	*	Follow-up to OTHELP above - Who helped?	* This item is not reported to DMH and is for county use only.

Field Name	Type	Column Position	Width	Description	Format/Coding
SOURCEDATE	text	118 125	8	Indicates the first day of the month for the survey period. Example for May 2005: 05/01/05	*mm/dd/yy*

Appendix A: County Codes

Code	Name
01	Alameda
02	Alpine
03	Amador
04	Butte
05	Calaveras
06	Colusa
07	Contra Costa
08	Del Norte
09	El Dorado
10	Fresno
11	Glenn
12	Humboldt
13	Imperial
14	Inyo
15	Kern
16	Kings
17	Lake
18	Lassen
19	Los Angeles
20	Madera
21	Marin
22	Mariposa
23	Mendocino
24	Merced
25	Modoc
26	Mono
27	Monterey

Code	Name
31	Placer
32	Plumas
33	Riverside
34	Sacramento
35	San Benito
36	San Bernardino
37	San Diego
38	San Francisco
39	San Joaquin
40	San Luis Obispo
41	San Mateo
42	Santa Barbara
43	Santa Clara
44	Santa Cruz
45	Shasta
46	Sierra
47	Siskiyou
48	Solano
49	Sonoma
50	Stanislaus
52	Tehama
53	Trinity
54	Tulare
55	Tuolumne
56	Ventura
57	Yolo
63	Sutter/Yuba

28	Napa
29	Nevada
30	Orange

65	Berkeley City
66	Tri-City

Appendix B: Explanation of Data File Export Format

Data File Export Format

Counties using their own technology must convert their survey data to a standard export format before they are sent to the State (i.e., ASCII text - fixed width). The data must also be left-justified (i.e., a field value should start at the column position specified in the data dictionary and fill in the column spaces from left to right), with the exception of CCN (County Client Number) which is right-justified with leading zero's added to fill vacant columns in county client numbers with less than 9 characters. Below are a few example records which illustrate what the export format should look like.

	CCN (County Client Number)									DOB (Client Date of Birth)							
Column #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Consumer 1	0	0	Z	1	2	3	4	5	6	0	6	0	9	1	9	5	5
Consumer 2	9	8	7	6	5	4	3	2	1	1	1	1	7	1	9	6	0
Consumer 3	0	Y	7	6	5	4	3	2	1	0	0	0	0	1	9	5	5

CCN

Consumer 1 and *Consumer 3* have county client numbers which are seven and eight characters wide instead of the nine characters allocated in the Data Dictionary (county client number widths vary across counties). Notice that the field values are right-justified with leading zero's added to fill vacant columns in CCN's with less than 9 characters.

DOB

Notice for *Consumer 1 and Consumer 3* the date values in the Date of Birth columns (positions 10-17) are in the MMDDYYYY format, have leading zeros, and do *not* include placeholders. For example, for *Consumer 1* notice that columns numbered 10 and 11 (which indicate month) and columns numbered 12 and 13 (which indicate day) each have a leading zero. *Consumer 3* has an estimated year of birth and zeros for month and day of birth. This conforms to the CSI requirements regarding missing date of birth information.

When the complete date of birth is unknown, as much of the date as is known shall be reported. If nothing is known, estimate and report an approximate year of birth and use zeros for the month and day. If only the age in years is known, calculate the year of birth and use zeros for the month and day. If the year and month of birth are known, but the exact day of birth is not, report the year and month only, and use zeros for the day.

Appendix C: Language Codes

Code	Language	Instrument Availability		
		Youth	Adult	Older Adult
EN	English	√	√	√
SP	Spanish	√	√	√
VI	Vietnamese	√	√	√
CH	Chinese	√	√	√
RU	Russian	√	√	√
CM	Cambodian			
FA	Farsi			
HM	Hmong			
AR	Armenian			
TG	Tagalog	√	√	√
KO	Korean	√	√	√
MN	Mien			
OT	Other			
99	Missing / Not Reported			

Appendix D: Information Technology Web Services

The following information is for counties intending to collect survey data on their own (not using DMH provided technology options) and intending to upload their data (via internet) to DMH using the Information Technology Web Services (ITWS). The ITWS provides a secure environment for the transfer of confidential data. Counties will need to identify a single contact to upload their data. Counties that are not authorized to use this system will need to obtain authorization. To obtain authorization, please visit the DMH ITWS website at http://www.dmh.ca.gov and click on the "ITWS" menu option. At this site, you will find information on the function of the ITWS and how to begin enrollment. If you have any questions regarding the enrollment process for the ITWS, you may call the DMH ITWS Help Desk at (916) 654-3117.

Once the Adult Survey text files are formatted according to the data dictionary specifications, the process for submission is as follows:

- All text files MUST be zipped.
- Zipped files do not need to be password encrypted since ITWS is a secure site.
- Zipped files MUST be named according to the following convention: APODSccYYYYMM#SUBMITTAL.ZIP

  - APODS = Adult Performance Outcomes Data System
  - cc = County code
  - YYYYMM = Four digit year and two digit month that data were due
  - # = Submittal sequence number (1 to 9). Each file with a new YYYYMM will have a submittal number of "1." Anytime you have to resubmit this file during the same reporting period (most likely due to errors), the submittal number will increase by 1. The word "SUBMITTAL" must follow this number. For example, a file for the Adult Performance Outcome Data System due on January 16, 2004 would be named: APODS992004011SUBMITTAL.ZIP. If there is an error with this file and the file must be resubmitted with corrections, the new file will be named APODS992004012SUBMITTAL.ZIP. You will notice the submittal number is now "2" since this is the second submission for the January 2004 deadline.

For technical questions related to the ITWS, please call the DMH ITWS Help Desk at (916) 654-3117.